Fiorita Kornhaas & Company, PC

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2025 INCOME TAX INFORMATION

	TAXPAYER (First name on a joint tax return)	TAXPAYER (Spouse)
Name		
Soc. Sec. No.		
Occupation		
Date of Birth		
Home Address		
Telephone No.	Home/Cell:	Home/Cell:
E-Mail Address		

*****PLEASE PROVIDE A COPY OF DRIVER'S LICENSE*****

***If you received an IRS IDENTITY PROTECTION PIN** (IP PIN), **please attach a copy**

CHILDREN & OTHER DEPENDENTS

You must provide Social Security Numbers for all dependents, regardless of age.

Name	Social Security Number	Relation	Date of Birth	Income	Full-time Student Y/N	Filed own return Y/N
1.						
2.						
3.						
4.						
5.						

ESTIMATED INCOME TAX PAYMENTS MADE - ATTACH COPIES OF ALL CANCELLED CHECKS

		FEDERAL		STATE OF CT		OTHER STATE ____	
	Due Date	Date Paid Mo/Day/Yr	Amount	Date Paid Mo/Day/Yr	Amount	Date Paid Mo/Day/Yr	Amount
2024 Overpayment Credited to 2025							
1st Installment	04/15/25						
2nd Installment	06/17/25						
3rd Installment	09/16/25						
4th Installment	01/15/26						
		Total		Total		Total	

DIRECT DEPOSIT/AUTOMATIC PAYMENT BANKING INFORMATION (Attach blank check/or copy)

Please provide your bank account information for direct deposit of refund and/or automatic payment of balance due on your return:

Bank Name		Bank Routing Number	
Bank Address		Bank Account Number	

Type of Account: _________Checking _________Savings

TAX PREPARATION CHECKLIST

(Provide related statements or other documentation.)

Yes No	Are either you or your spouse legally blind?		
Yes No	Have you received any notice from the IRS or state revenue department within the past year? If yes, provide a copy.		
Yes No	Did you pay or receive alimony in 2025? *Paid Received* $	*Recipient's SSN*	*Date of divorce or separation*
Yes No	Did you purchase health insurance through a public exchange/marketplace? (Provide Form 1095-A.)		
Yes No	Will there be any significant changes in income or deductions next year, such as retirement?		
Yes No	Did you pay anyone for domestic services (e.g., nanny, housekeeper, cook, caretaker) in your home?		
Yes No	Did you purchase an energy-efficient, hybrid, or electric vehicle prior to 9/30/25?		
Yes No	Do you own or have financial interest in a foreign bank or financial account? *Maximum value in 2025* $		
Yes No	Were any children born or adopted in 2025? *(Provide date of birth and social security number.)*		
Yes No	Were any children attending college? *(Provide Form 1098-T and Form 1098-E.)*		
	Year in college — Paid by you: *Tuition* $	*Books* $	*Student loan interest* $
	Paid by student: *Tuition* $	*Books* $	*Student loan interest* $
Yes No	Did you pay any tuition for a private school for a dependent or take classes yourself?		
	Student		*Amount paid $*
	Name and address of school		
Yes No	Did you pay for child or dependent care so you could work or go to school? *(Provide statement if applicable)*		
	Name of provider		*EIN or SSN*
	Address		*Amount paid $*
Yes No	Did you **make any contributions** to a 529 plan in 2025? If yes, provide details.		
Yes No	Did you **withdraw funds** from a 529 plan? If yes, provide details.		
Yes No	Did you sell or transfer any stock or sell rental or investment property?		
Yes No	Did you receive any income from an installment sale?		
Yes No	Were you granted, or did you exercise, any employee stock options during 2025?		
Yes No	Did you (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? *(Digital assets include cryptocurrencies, NFTs, and stablecoins)*		
Yes No	Did you, or do you plan to, contribute money by April 15, 2026 to an HSA for 2025? If yes, provide details.		
Yes No	Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details.		
Yes No	Did you work from a home office or use your car for your business?		
Yes No	Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)?		
Yes No	Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?		
Yes No	Did you purchase or sell a main home during the year? If yes, provide closing statement.		
Yes No	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.		
Yes No	Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement.		
Yes No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?		
Yes No	Did you make any new energy-efficient improvements to your home? If yes, provide details?		
Yes No	Did you contribute to a Health Savings Account (HAS) or Medical Savings Account (MSA)? Please provide details.		
Yes No	Did you pay for the CARE OF A DEPENDENT who is under the age of 13 or incapacitated, to enable you and your spouse to work or be a full-time student? (Provide details)		
Yes No	Did you make GIFTS totaling $19,000 or more to any ONE person, trust or nonexempt organization in 2025?		
Yes No	Do you have income <loss> from a rental property? If so, please furnish details of income and expenses.		
Yes No	Did you file your 2024 CT Annual Report?		
Yes No	Did you or your spouse earn income from a business, profession or farm? If so, please furnish details of income and expenses including expenses for home office & business use of your automobile. Kindly attach all 1099's received and compare them to your total gross income. If differences exist, please provide an explanation.		
Yes No	Did you have income from partnerships, LLCs, estates, trusts, or "S" Corps? Enclose tax return, K-1 or Tax Information Letter.		
Yes No	Did you have gains or (losses) from sale of property? Include closing & HUD statements; the property tax bills for year of sale and other pertinent information including dates of acquisition & sale and cost (original cost plus subsequent improvements).		
Yes No	Did you have income from sale of stocks, bonds, etc. Include list of worthless securities or loans that became uncollectable in 2025.		
Yes No	Did you have any additional income? For example - unemployment, alimony, jury duty, executor fees, gambling - Please furnish details		
	Please furnish details, including all 1099s and provide annual statement for all retirement account transactions, including ROTH IRA conversions and opening of new accounts in 2026 for tax year 2025.		

W-2s

Please attach copies of all W-2s and provide details of all overtime

TSJ*	Employer	Overtime

SOCIAL SECURITY INCOME

Please attach copies of all SSA-1099s

	Benefits-2025	Medicare Deduction	Net Benefits	Federal Income Taxes Withheld
Taxpayer				
Spouse				

DIVIDEND INCOME

Please attach all 1099 Forms

TSJ*	Source	Ordinary Dividends	Capital Gain Distributions	Non-Taxable Distrib.	Foreign Tax Withheld

INTEREST INCOME

Bank and Other Interest

TSJ*	Source	Amount

TAX-EXEMPT INCOME

Municipal Interest & Tax Exempt Bond Fund Dividends

TSJ*	Source	Amount

DO YOU HAVE ANY FOREIGN ACCOUNTS, ASSETS, ENTITIES OR INTERESTS?

If so, please list institution name, address, account number and maximum value for 2025:
Did you, at any time during 2025, have any interest in or signature or other authority over a bank, securities or other financial account in a foreign country? All foreign assets or interests must be reported. If yes, please provide details.

Institution/Entity Name/Address/Account #	Type of Foreign Interest (Circle):	'2025 Maximum Value/Income
	Bank/Securities/Other	
	Bank/Securities/Other	
	Bank/Securities/Other	
	Bank/Securities/Other	
	Bank/Securities/Other	

Were you the grantor of, or transferor to, a foreign trust during any taxable year, which foreign trust was in existence during 2025?
1099 Forms and all other supporting documentation must be attached for all interest, dividends and exempt income listed above.
>>>>>>Please provide copies of any foreign (Non US) tax returns filed<<<<<<

ITEMIZED DEDUCTIONS

MEDICAL (Out of Pocket)

Medical Travel______mi @ 21 cents per mi.	
Description	Total only
Prescription Drugs/Insulin	
Glasses, Contact Lenses, Eye Exams	
Hearing Aids, Batteries	
Lab Tests, Therapy, X-Ray	
Prescribed Medical Equipment	
Hospitals/Nurses/Ambulance	
Home Health Care	
Health Center Costs	
Doctors/Dentists	
Lodging (not meals) while away from home for essential medical care	
Health Insurance Premiums paid (list):	
Please provide copies of form(s) 1095 A, B, & C	

Long Term Care Ins Premiums-Taxpayer	
Long Term Care Ins Premiums-Spouse	
Medicare Premiums (from SSA-1099)	
HSA or MSA Accounts (withdrawals)	
(Long-term care insurance reimbursement)	

TAXES PAID IN 2025

Real Estate Tax - Residence	
Real Estate Tax - Other	
Personal Property Tax - Auto, Boat, RV	
Sales Tax paid on major purchases - 2025	
(Please provide details - auto, etc)	

INTEREST PAID (Please provide copies of form(s) 1098)

Home Mortgages*	
Home Equity Loans*	
Points Paid on Mortgage (New home)	
Points Paid on Mortgage (Refinance)	
Term in years of mortgage refinances:	
Investment Interest (Margin Account)	

CHARITABLE CONTRIBUTIONS

Charitable Travel _______ mi @ 14 cents per mi.	
Name of Charity	Amount
(Any single payment of $250 or more must have receipt from donee)	
PLEASE PROVIDE DETAILED LIST	

NON CASH DONATIONS

Please attach receipts

If you made contribution of property (other than cash), attach a description including the date you gave it, the original cost, condition and how you figured its value. Also, a qualified writte acknowledgement must be attached if claimed value exceeds $500.

NEW AUTOMOBILE 2025 PURCHASE

Please provide proof of interest paid in 2025

CASUALTY LOSSES

Did you incur a CASUALTY LOSS from a Federally declared disaster?

If so, please attach explanation including insurance reimbursement

EDUCATOR/TEACHING EXPENSES

Description	Amount

EDUCATION LOAN INTEREST PAID (Attach 1098E)

Account#	Amount

CT HIGHER EDUCATION TRUST CONTRIBUTION

Account #	Amount

*Provide details or closing statements for any new mortgages, refinances, home equity loans and education loans.